



NATIONAL WEATHER SERVICE
La Crosse, WI

StormReady Supporter Application

Applicant: _____ Venue/County: _____

Contact(s): _____ Title(s): _____

Address: _____

Phone: _____ e-mail _____

**PROVIDE A COPY OF THIS APPLICATION TO YOUR LOCAL AND COUNTY EMERGENCY
MANAGEMENT COORDINATOR**

SECTION 1 – COMMUNICATIONS and COORDINATION CENTER			
Element	Description	Applicant	Verified
1-1	Established Facility Warning Point (FWP) or Coordination Center.	<input type="checkbox"/>	<input type="checkbox"/>
1-2	Established Emergency Notification Plan: plan includes protocol to ensure critical weather information flows expeditiously between Facility Warning Point (FWP) and need to know officials.	<input type="checkbox"/>	<input type="checkbox"/>
1-3	NOAA Weather Radio in FWP or Coordination Center and throughout critical business locations.	<input type="checkbox"/>	<input type="checkbox"/>
	Number of NOAA Weather radios: _____		<input type="checkbox"/>
1-4	Communication methods with Local and County Emergency Management Agencies and the NWS (preferably more than one): <input type="checkbox"/> Ability to report to NWS in real-time <input type="checkbox"/> Radio <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Internet <input type="checkbox"/> Pager <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2 – NATIONAL WEATHER SERVICE WARNING RECEPTION

Element	Description	Applicant	Verified
2-1	<p>Methods to receive NWS Messages / Watches / Warnings --- Check all that apply: [Indicate primary (P) or secondary (S)] – Need 3 methods, one of which is NOAA Weather Radio</p> <p> <input type="checkbox"/> NOAA Radio (P / S) <input type="checkbox"/> Internet (P / S) <input type="checkbox"/> Pager (P / S) <input type="checkbox"/> Cell Phone (P / S) <input type="checkbox"/> Scanner (P / S) <input type="checkbox"/> TV/Cable (P / S) <input type="checkbox"/> Other (P / S) : _____ </p>	<input type="checkbox"/>	<input type="checkbox"/>
2-2	<p>Warning Reception methods during Off Duty Hours</p> <p>Describe :</p>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3 – METHODS FOR MONITORING LOCAL WEATHER CONDITIONS

Element	Description	Applicant	Verified
3-1	<p>In addition to NOAA Weather Radio capability, there should also be a means of monitoring radar data and current local conditions, such as surface observations. Weather monitoring equipment on site is preferable.</p> <p>Check all that apply:</p> <p> Radar Data: <input type="checkbox"/> Internet <input type="checkbox"/> Television / Cable Surface Observations: <input type="checkbox"/> Internet On Site: <input type="checkbox"/> Temperature <input type="checkbox"/> Wind (speed/direction) <input type="checkbox"/> Rain Gauge <input type="checkbox"/> Stream Gauge <input type="checkbox"/> Lightning Detection Network <input type="checkbox"/> Trained Observers <input type="checkbox"/> Other: _____ </p>	<input type="checkbox"/>	<input type="checkbox"/>
3-2	<p>Monitoring During Off Duty Hours</p> <p>Describe:</p>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 4 – DISSEMINATION OF WARNINGS TO EMPLOYEES / CUSTOMERS

Element	Description	Applicant	Verified
4-1	<p>Demonstrate ability to distribute weather information to staff and attendees. Must be able to direct people appropriately on what to do and where to go.</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Siren <input type="checkbox"/> Video Screen(s) <input type="checkbox"/> PA System <input type="checkbox"/> Pager</p> <p><input type="checkbox"/> Other: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
4-2	All Shelter Areas designated and clearly marked	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 5 – PREPAREDNESS

Element	Description	Applicant	Verified
5-1	Hazardous weather OR storm spotter training to key personnel. This training should include, but not limited to: outlook, watch, warning/advisory philosophy of the NWS; criteria utilized by the NWS; and information available on NWS websites. Situational awareness should be stressed.	<input type="checkbox"/>	<input type="checkbox"/>
	Date(s) of training:		<input type="checkbox"/>
5-2	<p>Public Weather Safety campaigns should be conducted outlining applicable weather hazards and protective actions. Host a weather safety talk annually.</p> <p>Describe (attach documentation as needed)</p>	<input type="checkbox"/>	<input type="checkbox"/>
5-3	Participates in or conducts an emergency drill; i.e. annual severe weather drill.	<input type="checkbox"/>	<input type="checkbox"/>
5-4	Documented contact information to NWS, regular communication, and/or attend webinars presented by NWS.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 6 – ADMINISTRATIVE

Element	Description	Applicant	Verified
6-1	<p>Updated “All Hazards Emergency Operations/Action Plan” or equivalent that includes weather hazards (within 2 yrs).</p> <p>Date :</p>	<input type="checkbox"/>	<input type="checkbox"/>
6-2	<p>Has “All Hazards Emergency Operations / Action Plan” or equivalent been exercised within the last 3 years?</p> <p>Date:</p>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 6 – ADMINISTRATIVE (con't)

Element	Description	Applicant	Verified
6-3	"All Hazards Emergency Operations/Action Plan" or equivalent includes contact Names and Phone Numbers for: County EMA, Local/Municipal EMC, NWS	<input type="checkbox"/>	<input type="checkbox"/>
6-4	Staff trained and versed on weather procedures and EOP Date:	<input type="checkbox"/>	<input type="checkbox"/>
6-5	Local / county Emergency Management Director has been alerted to StormReady Supporter intent. <input type="checkbox"/> YES <input type="checkbox"/> NO Date:	<input type="checkbox"/>	<input type="checkbox"/>
6-6	Representatives from StormReady Supporter institution visit NWS biennially. Date:	<input type="checkbox"/>	<input type="checkbox"/>
6-7	Representatives from NWS visit StormReady Supporter institution biennially. Date:	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 7 - FACILITY INFORMATION

Element	Description	Applicant	Verified
7-1	Average Number of Employees / Staff on site at any one time:		
7-2	Average Number of Customers / Visitors on site at any one time:		
7-3	Approximate size of Facility: (sq ft / acres)		
7-4	Approximate number of Permanent Structures at Facility:		
7-5	Any Hazardous Materials Stored on Site? <input type="checkbox"/> YES <input type="checkbox"/> NO		

SECTION 8 – OTHER

Element	Description	Applicant	Verified
8-1	List any other unique information (attach any additional documentation as needed).		

Signature: _____ Date: _____
(Applicant) (Of Application)

Signatures: _____ Date: _____

Site Visit Team _____ Date: _____
_____ Date: _____

Signature: _____ Date: _____
(NWS Approving Official) (StormReady University Certified)